330 ROBINHOOD LANE
GILLETT 54124

GI LLETT	54124	Phone: (920) 855-2136		Ownershi p:	Corporati on
Operated from 3/1	12 To 12/31	Days of Operation:	295	Highest Level License:	Skilled
Operate in Conjunc	ction with H	lospi tal?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set	t Up and Sta	ffed (12/31/01):	40	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed	d Capacity (	12/31/01):	44	Title 19 (Medicaid) Certified?	Yes
Number of Resident			37	Average Daily Census:	26

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents ( $12/3$	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	0. 0
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	0. 0
Day Services	Yes	Mental Illness (Org./Psy)	37. 8	65 - 74	5. 4		
Respite Care	Yes	Mental Illness (Other)	2. 7	75 - 84	29. 7		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	54. 1	*********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	10.8	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0		[	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	8. 1	65 & 0ver	100. 0		
Transportati on	Yes	Cerebrovascul ar	18. 9			RNs	8. 1
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	10. 7
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	32. 4	Male	40.5	Aides, & Orderlies	36. 2
Mentally Ill	No			Femal e	59. 5		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19		0ther		]	Pri vate Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	4	100.0	233	22	95. 7	84	0	0.0	0	10	100.0	127	0	0.0	0	0	0.0	0	36	97. 3
Intermedi ate				1	4. 3	70	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		23	100.0		0	0.0		10	100.0		0	0.0		0	0.0		37	100. 0

WOODLANDS OF GILLETT

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Admissions, Discharges, and Deaths During Reporting Period	l	Percent Distribution	of Residents'	Conditions	s, Services	, and Activities as of 12/	31/01
beachs builing hepoteting ferrou	•	<u>'</u>		% No	eedi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	10. 5	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent I	Resi dents
Private Home/With Home Health	0.0	Bathi ng	2. 7		70. 3	27. 0	37
Other Nursing Homes	32. 9	Dressi ng	0. 0	(	94. 6	<b>5. 4</b>	37
Acute Care Hospitals	<b>56.</b> 6	Transferring	43. 2		56. 8	0. 0	37
Psych. HospMR/DD Facilities	0.0	Toilet Use	48. 6		13. 2	8. 1	37
Rehabilitation Hospitals	0.0	Eati ng	73. 0	2	24. 3	2. 7	37
Other Locations	0.0	*************	******	******	******	********	*****
Total Number of Admissions	76	Continence			ecial Treat		%
Percent Discharges To:		Indwelling Or Externa		5. 4		Respiratory Care	5. 4
Private Home/No Home Health	20. 5	0cc/Freq. Incontinent		18. 9		Tracheostomy Care	0. 0
Private Home/With Home Health	23. 1	Occ/Freq. Incontinent	of Bowel	5. 4	Receiving S		0. 0
Other Nursing Homes	17. 9					Ostomy Care	2. 7
Acute Care Hospitals	0. 0	Mobility				Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0. 0	Recei vi ng	Mechanically Altered Diets	8. 1
Rehabilitation Hospitals	0. 0	J					
Other Locations	2. 6	Ski n Care				nt Characteristics	
Deaths	35. 9	With Pressure Sores		5. 4		ce Directives	78. 4
Total Number of Discharges		With Rashes		8. 1 M	edi cati ons	_	
(Including Deaths)	39				Recei vi ng	Psychoactive Drugs	73. 0

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		0wnershi p: Propri etary		Bed	Si ze:	Li c	ensure:			
	Thi s			Und	er 50	Ski	lled	Al	l	
	Facility	Peer	Peer Group		Group	Peer	Group	Faci l	lities	
	%	%	% Ratio		% Ratio		Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	59. 1	80. 3	0. 74	88. 0	0. 67	84. 4	0. 70	84. 6	0. 70	
Current Residents from In-County	86. 5	72. 7	1. 19	74. 3	1. 16	75. 4	1. 15	77. 0	1. 12	
Admissions from In-County, Still Residing	42. 1	18. 3	2. 30	36. 2	1. 16	22. 1	1. 90	20. 8	2. 02	
Admissions/Average Daily Census	292. 3	139. 0	2. 10	110. 6	2. 64	118. 1	2. 48	128. 9	2. 27	
Discharges/Average Daily Census	150. 0	139. 3	1. 08	90. 2	1. 66	118. 3	1. 27	130. 0	1. 15	
Discharges To Private Residence/Average Daily Census	65. 4	58. 4	1. 12	23. 0	2. 85	46. 1	1. 42	52. 8	1. 24	
Residents Receiving Skilled Care	97. 3	91. 2	1. 07	81. 8	1. 19	91. 6	1. 06	85. 3	1. 14	
Residents Aged 65 and Older	100	96. 0	1. 04	96. 8	1. 03	94. 2	1.06	87. 5	1. 14	
Title 19 (Medicaid) Funded Residents	62. 2	72. 1	0. 86	79. 1	0. 79	69. 7	0.89	68. 7	0. 91	
Private Pay Funded Residents	<b>27.</b> 0	18. 5	1.46	18. 6	1. 45	21. 2	1. 28	22. 0	1. 23	
Developmentally Disabled Residents	0. 0	1.0	0.00	0. 4	0.00	0.8	0. 00	7. 6	0.00	
Mentally Ill Residents	40. 5	36. 3	1. 12	60. 5	0. 67	39. 5	1.03	33. 8	1. 20	
General Medical Service Residents	32. 4	16.8	1. 93	11. 1	2. 93	16. 2	2.00	19. 4	1. 67	
Impaired ADL (Mean)	38. 4	46.6	0.82	46. 3	0.83	48. 5	0. 79	49. 3	0. 78	
Psychological Problems	73. 0	47.8	1. 53	62. 1	1. 18	50. 0	1.46	51. 9	1. 41	
Nursing Care Required (Mean)	3. 7	7. 1	0. 52	4. 3	0.85	7. 0	0. 53	7. 3	0. 51	